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Bib Data Sheet

SERIAL NUMBER 09/686,546	FILING DATE 10/11/2000 RULE -	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 10294-539001
APPLICANTS Charles E Covatch, Martinsburg, PA ;				
** CONTINUING DATA ***** none <i>MS</i>				
** FOREIGN APPLICATIONS ***** none <i>MS</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>Butler</i> Acknowledged <i>Hubert</i> Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 23
INDEPENDENT CLAIMS 3				
ADDRESS TIMOTHY A. FRENCH FISH & RICHARDSON P.C. 225 Franklin Street Boston, MA 02110-2804				
TITLE Metatarsal protector				
FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 5745

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APPLICANTS

Charles E Covatch, Martinsburg, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/01/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

ST. ONGE STEWARD JOHNSTON & REENS LLC
986 BEDFORD STREET
STAMFORD , CT 06905-5619

TITLE

Metatarsal protector

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit